



Martin County Health Department
FOOD SERVICE PLAN REVIEW APPLICATION

ALL INFORMATION ON PAGES 1 AND 2 MUST BE TYPED OR PRINTED BY APPLICANT

Please check one: ☐ **New** ☐ **Change of Owner** ☐ **Modification to Existing**

TYPE OF FOOD ESTABLISHMENT: _____

PROPOSED NAME OF FACILITY: _____

IF EXISTING-CURRENT NAME: _____

LOCATION (Address): _____

WATER SUPPLY FOR FOOD ESTABLISHMENT:

Name of water utility company: _____

Or, DEP Public Water System Name and Permit No.: _____

Written documentation must be included with application* see page 3

_____ **Well permit required** _____ **issued** _____
If not Utility - Water Coordinator Approval - Date

SEWAGE DISPOSAL METHOD FOR FOOD ESTABLISHMENT:

Name of wastewater utility: _____

Or, DEP On-site Sewage Treatment Facility Name and Permit No.: _____

Written documentation must be included with application* see page 3

Or, MCHD on-site septic tank system. Permit No.: _____ **Date Installed:** _____

SIZE OF Septic Tank(s) _____ **gals; Drainfield** _____ **sqft total; Grease Trap:** _____ **gals**

_____ **IM permit required** _____ **issued** _____
If not Utility - Sewer Coordinator Approval - Date

OWNER OF FOOD ESTABLISHMENT: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____ **CELL PHONE:** _____

OWNER OF REAL PROPERTY: _____

CONTACT INFORMATION: _____

PROPOSED ESTABLISHMENT OPENING DATE: _____



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If a Licensed Residential Facility: Lic Agency _____ LICENSED CAPACITY _____

PROPOSED DAYS AND HOURS OF OPERATION: _____

PROPOSED NUMBER OF SEATS INCLUDING BAR SEATS (must be shown on plans): _____

PROPOSED NUMBER OF FOOD WORKERS/SHIFTS: _____

TYPE OF SERVICE: SIT DOWN, TAKE OUT, CATERER, MOBILE FOOD UNIT, OTHER

LIST OF ALL FOODS AND/OR BEVERAGES PROPOSED TO BE SERVED (or attach menu):

IF NEW CONSTRUCTION, CHANGE OF USE OR EXTENSIVE MODIFICATION:

I have submitted plans/applications to the following authorities on the following dates:

Zoning _____ Building _____ Planning _____ Plumbing _____

Fire Authority _____ Other: _____

Building Contractor's name: _____

Contractor's Phone number(s): _____

LEGAL DESCRIPTION: _____

IF MODIFICATION TO EXISTING FOOD FACILITY:

Full Description of Proposed Changes: _____

Food Service Plan Review Application shall be submitted with two complete sets of floor plans showing all required items (listed on Pages 3 & 4 of this Application) including the plumbing riser and equipment specification pages and the required Plan Review Fee.

It is recommended that you make an appointment for your plans to be reviewed at the time of submittal.

Signature of Applicant

Date Submitted



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Indicate if the following documents are included (if not applicable, indicate "N/A"):

- _____ Proposed Menu (including seasonal, off-site/catering, special event, and banquets)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan
- _____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- _____ Floor plan of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ *If on public Utilities ... include a copy of a current water bill or letter from Utility*
- If not on public Utilities ... "Sign-off" by Martin County Health Department Water Section for approved water system
- _____ *If on public Utilities ... include a copy of a current sewer bill or letter from Utility*
- If not on public Utilities ... "Sign-off" by Martin County Health Department Onsite Sewage Treatment and Disposal System (OSTDS) Section for approved disposal system
- _____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
2. Identify all Food Preparation areas and indicate whether they will be used for raw foods and/ or ready to eat foods.
3. Designate clearly on the plan equipment for adequate rapid cooling and short-term/long term cold storage (for example, refrigeration, freezers, blast chillers, ice baths, etc.) and for hot-holding (for example warmers, steam tables, etc.) of potentially hazardous foods.
4. Label and locate areas used for dry storage.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate all restrooms and toilet fixtures.



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7. Clearly designate all handwashing sinks with each restroom, the food preparation area, and dishwashing area.
8. Identify areas where clean wet and clean dry equipment and utensils will be stored; and where dirty equipment will be stored prior to washing.
9. Locate and identify the dishwashing area. If manual dishwashing, identify location and size of 3-compartment sink and label as wash, rinse and sanitize; if automatic dishwashing, label and locate machine, indicate method of sanitization, provide machine specifications or American National Standards Institute (ANSI) accreditation (such as NSF, UL, etc.). Identify areas for pre-scraping, pre-flushing, or pre-soaking. Identify areas for drying clean equipment and utensils.
10. Identify auxiliary areas such as dining area, storage rooms, and garbage rooms.
11. Include and provide specifications for (where applicable):
 - a. Entrances, exits, loading/unloading areas and docks (including air curtains);
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
 - f. Source of water supply and method of sewage disposal. If provided by a municipality, provide verification. If not provided by a municipality, provide the location of these facilities;
 - h. Ventilation schedule for each room;
 - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - j. Garbage can washing area/facility;
 - k. Cabinets for storing toxic chemicals;
 - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.